# A MADNESS SHARED BETWEEN A MOTHER AND A DAUGHTER

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## INTRODUCTION

Between 1993 and 1999 I was working in the psychiatry department of a general hospital in Madrid. This hospital called Gregorio Marañón treated a large volume of patients from many areas of Madrid, especially from the south/southeast. Specifically, from the populous neighborhoods of Carabanchel and Vallecas, we attended to the psychiatric admissions that came from them. Three psychiatrists and several psychologists, social workers, and plant nurses did it.

Coming from this neighborhood of Carabanchel, a woman of about 45 years was brought in an ambulance accompanied by the municipal police.

## THE PREVIOUS STORY

This patient had been found and/or seen by numerous drivers walking against traffic on the shoulder of a busy highway. There she was detained by a Civil Guard vehicle. Without exercising any opposition, the agents who stopped her asked her where she was going through that place. She answered with an apparent calm that she was going to look for her boyfriend whose plane was landing that day at a nearby airfield…which doesn't exist.

In view of the situation and the incoherent responses given by this person, the agents requested an ambulance that took her to the emergency room of the G. Marañón hospital.

## BACKGROUND

This person who was admitted to the psychiatric department and whose psychiatric care corresponded to me, recounted in a somewhat lengthy and complex way during the first interview I had with her that this boyfriend who had mentioned the guards did not know if he would come today or tomorrow or if he had already arrived in Madrid. It was impossible for him to make a coherent account of the person and neither of the presumed airport where his plane was going to land. Neither did that person know or not his whereabouts, work, or personal situation. In short, it was in all probability an invention, a story in any case without head or tail.

Once the details of the story were defined, I began to try to locate what the patient's life consisted of or had consisted of up to the

moment of admission. She wanted, she told me in the first place that she wanted to be returned to her home where she lived with her 79-year-old mother, blind and disabled.

His physical state was that of a thin, somewhat unkempt person, completely confused regarding his situation, place of residence, and personal circumstances.

In this sense, she recounted at some point that she had been a waitress or in charge of cleaning in a chain of well-known cafeterias in Madrid. Specifically, in the Santander cafeteria on Gran Vía. It seemed that he had been working there all his life, although not recently. I don't remember now when exactly she stopped working.

At one point in her story, she related her absence from work to the fact that both she and her mother had apparently been gas poisoned by their neighbors, leaving her mother blind and herself very weak.

THE SIMULTANEOUS MADNESS OF TWO PEOPLE OR A “FOLIE A DEUX” (1)

In view of the mention of the patient's mother, the social worker of our team, her name was Pilar, contacted the social worker of the Carabanchel district to which the patient's address corresponded. This confirmed the existence of the mother and the fact that both she and her daughter, now admitted, was considered by the neighborhood as two alienated, crazy people.

In view of the now confirmed fact that the patient's mother, an elderly and blind person as mentioned above, was alone at home without any assistance, it was urged that she too be admitted by judicial means, organizing the psychiatric internment of the mother and the daughter. This was done and when the mother was admitted, I claimed the case to be able to treat both together.

THE POISONING PROCESS AND DELUSION

Both the patient and her mother, a woman with a great temperament and ability to command who had her daughter under constant control, recounted that from a given moment they noticed that her mother was gradually going blind.

They attributed this fact to the hostility of the neighbors who apparently poisoned them by throwing "gas" with or through pipes under the door of their house. So, one month after another, one year after another. Finally, they built a kind of barricade in their house that completely prevented access to the house by people who wanted to visit or help them. Only the daughter left her house to buy groceries from time to time. The case was one of those where an entire neighborhood of a tenement must suffer the consequences of people

who believe they are spying, watching, and surreptitiously doing harm day and night. The conflicts had been going on for years.

In view of what the social worker from the Carabanchel district had to say, the social worker from the psychiatric ward, the nurse, and myself decided to visit the patients' homes to get a full idea of what might have been happening there. Authorization was requested from the judge and with his permission and authorization, we decided to organize a home visit.

In this way we went one day to said tenement house, a block of 5 or 6 floors from the 40s, simple, typical of a neighborhood of working people. What we saw there when we entered was truly amazing.

## THE VISION OF AN ALIENATED WORLD

The house had no light because it had been cut off for non-payment. The social worker opened the door for us, and we entered a first dim space that gave way to the rest of the house. We had a lantern or two with us, and an incredible spectacle was offered to us as we entered.

Hundreds of dolls of all sizes were deposited in every imaginable corner of the house. The effect that light from the lanterns produced when reflecting off the artificial corneas of all those dolls produced a shocking effect. It seemed like literally hundreds of beings of all sorts of sizes, like little gnomes frozen in their doll stocks, looking at you, scrutinizing, watching.

We were astonished to see that the whole house was full of belongings piled one on top of the other, in the two or three bedrooms, in the kitchen, and in the small corridor of the house.

The social worker confirmed that the neighbors perceived bad odors and remains of garbage on the access landing to the house, year after year. After the initial moments of stupor, we were also able to perceive the magnitude of this alienating chaos.

In order not to prolong the visit unnecessarily, we decided to return to the hospital, each focusing on our sphere of work. The social worker looking for a center for the elderly for the mother, social assistance for the daughter, and I, as a psychiatrist, a way to intervene in the shared madness or “folie a deux” that this mother and this daughter had developed.

## PSYCHIATRIC MEDICAL INTERVENTION

First, I wanted to find out how and why the patient's mother had become blind, since this element seemed to constitute the central piece from which both women had built their delusion of poisoning by the neighbors. I requested a consultation with the Ophthalmology

service, and they confirmed the presumed diagnosis that it was a binocular cataract in a very advanced state. That was all.

I consulted the case with the judge, and he gave the corresponding permission so that the mother could be operated on against her will if she opposed the operation, as she did, since the removal of the cataracts was feasible according to the ophthalmologist and meant a recovery of vision.

This was done with great care and respect for the patients and the result was spectacular.

Upon recovering from the anesthesia, returning to her hospital room, and having the plasters that covered her eyes subsequently removed, the mother said in great astonishment in the presence of her daughter: “I see again! Then I have not been poisoned!" The daughter who was the main generator of this paranoid hypothesis could not believe what the mother said, especially when the mother's joy was overflowing at this “miracle”.

## THE LATER EVOLUTION OF SHARED MADNESS

Once the mother had been operated on and the "error" that had led to the shared madness was undone, the mother was transferred into a growing state of health and well-being to a nursing home in the Community of Madrid where she acclimatized perfectly. Her daughter, who was still admitted to the psychiatric department, visited her at the residence every day. We gave her permission to leave the hospital daily and visit her mother. He always returned at the agreed times and his behavior was impeccable. The shared madness completely disappeared.

In the end, we did not know what to do with the daughter's discharge. She could not return to her home alone because what she wanted was to be with her mother, on whom she was completely dependent emotionally.

Fortunately, in the nursing home, and although the daughter was not 65 years old to be admitted, they agreed to put her in a bed next to her mother's and, one fine day, she stayed there. The mother's caregivers at the nursing home kindly agreed to let the daughter stay there and we released her.

All this that I have related happened around the year 1995.

It was a case of great success in collaboration between a highly qualified professional in the field of social work, brilliant ophthalmologists, and a psychiatrist, among other professionals.

LITERATURE

1. https://en.wikipedia.org/wiki/Shared_psychotic_disorder